



FORM N-15 (Rev. 2016)

STATE OF HAWAII — DEPARTMENT OF TAXATION Individual Income Tax Return NONRESIDENT and PART-YEAR RESIDENT Calendar Year 2016

JCT161

X AMENDED Return X NOL Carryback X IRS Adjustment Tax Year 12 - 12 - 12 thru 12 - 12 - 12 OR

Place an X in applicable box(es): X Part-Year Resident (Enter period of Hawaii residency above) X Nonresident X Nonresident Alien or Dual-Status Alien

FOR OFFICE USE ONLY

THIS SPACE RESERVED

Do NOT Submit a Photocopy!!

Place an X in the applicable box, if appropriate

X First Time Filer X Address or Name Change

ATTACH A COPY OF YOUR 2016 FEDERAL INCOME TAX RETURN

Table with 3 columns: Your First Name, M.I., Your Last Name; Spouse's First Name, M.I., Spouse's Last Name; CARE OF NAME FOR MAILING ADDRESS; Present mailing or home address; City, town or post office, State, Postal/ZIP code; If Foreign address, enter Province and/or State, Country.

IMPORTANT - Complete this Section. Enter the first four letters of your last name: XXXX. Your Social Security Number: 123 - 45 - 6789. Enter the first four letters of your Spouse's last name: XXXX. Spouse's Social Security Number: 123 - 45 - 6789.

- (Place an X in only ONE box) 1 X Single 2 X Married filing joint return... 3 X Married filing separate return... 4 X Head of household... 5 X Qualifying widow(er) with dependent child... your spouse died 1212

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X below line 37.

6a X Yourself X Age 65 or over 6b X Spouse X Age 65 or over Enter the number of Xs on 6a and 6b 1 If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here X

Table with 4 columns: Dependents (1. First and last name, 2. Dependent's social security number, 3. Relationship, 4. Enter number of your children listed... 6c, Enter number of other dependents... 6d). Rows for First through Sixth dependent.

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above. 6e 12

ATTACH COPY 2 OF FORM W-2 HERE ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE



JCT162

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TAXPAYER'S 1ST NAME MI LAST NA

SPOUSE'S FIRST NAME MI LAST NA

ID NO 12

Col. A - Total Income

Col. B - Hawaii Income

7	Wages, salaries, tips, etc. (attach Form(s) W-2).....		123456789	7		123456789
8	Interest income from the worksheet on page 41 of the Instructions.....		123456789	8		123456789
9	Ordinary dividends .....		123456789	9		123456789
10	State income tax refund from the worksheet on page 41 of the Instructions.....		123456789	10		123456789
11	Alimony received .....		123456789	11		123456789
12	Business or farm income or (loss).....	X	123456789	12	X	123456789
13	Capital gain or (loss) from the worksheet on page 41 of the Instructions.....	X	123456789	13	X	123456789
14	Supplemental gains or (losses) (attach Schedule D-1) .....	X	123456789	14	X	123456789
15	IRA distributions .....		123456789	15		123456789
16	Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40).....		123456789	16		123456789
17	Rents, royalties, partnerships, estates, trusts, etc.....	X	123456789	17	X	123456789
18	Unemployment compensation (insurance).....		123456789	18		123456789
19	Other income (state nature and source) <u>OTHER INCOMEXXXXXXXXXX</u> .....	X	123456789	19	X	123456789
20	Add lines 7 through 19 .....	<b>Total Income</b> > X	123456789	20	X	123456789
21	Certain business expenses of reservists, performing artists, and fee-basis government officials .....		123456789	21		123456789
22	IRA deduction.....		123456789	22		123456789
23	Student loan interest deduction from the worksheet on page 46 of the Instructions.....		123456789	23		123456789
24	Health savings account deduction.....		123456789	24		123456789
25	Moving expenses (attach Form N-139) .....		123456789	25		123456789
26	Deductible part of self-employment tax .....		123456789	26		123456789
27	Self-employed health insurance deduction.....		123456789	27		123456789
28	Self-employed SEP, SIMPLE, and qualified plans.....		123456789	28		123456789
29	Penalty on early withdrawal of savings.....		123456789	29		123456789
30	Alimony paid (Enter name and SS No. of recipient) <u>SPOUSE NAMEXX 123-45-6789</u> .....		123456789	30		123456789
31	Payments to an individual housing account..		123456789	31		123456789
32	First \$6,279 of military reserve or Hawaii national guard duty pay .....		123456789	32		123456789



Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

JCT163

Name(s) as shown on return

TAXPAYER'S 1ST NAME MI LAST NA
SPOUSE'S FIRST NAME MI LAST NA

- 33 Exceptional trees deduction (attach affidavit)
34 Add lines 21 through 33 ..... Total Adjustments
35 Line 20 minus line 34 .... Adjusted Gross Income
36 Federal adjusted gross income (see page 21 of the Instructions)
37 Ratio of Hawaii AGI to Total AGI. Divide line 35, Column B, by line 35, Column A
38 If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 21 of the Instructions and enter your Hawaii itemized deductions here.
38a Medical and dental expenses
38b Taxes (from Worksheet NR-2 or PY-2)
38c Interest expense (from Worksheet NR-3 or PY-3)
38d Contributions (from Worksheet NR-4 or PY-4)
38e Casualty and theft losses
38f Miscellaneous deductions
40a If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212
40b Multiply line 40a by the ratio on line 37 ..... Prorated Standard Deduction
41 Line 35, Column B minus line 39 or 40b, whichever applies. (This line MUST be filled in)
42a Multiply \$1,144 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es)
42b Multiply line 42a by the ratio on line 37 ..... Prorated Exemption(s)
43 Taxable Income. Line 41 minus line 42b (but not less than zero) ..... Taxable Income
44 Tax. Place an X if from: X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 44 of the Instructions.
44a If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 8 of that worksheet
45 Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions
46 Credit for Low-Income Household Renters (attach Schedule X)
47 Credit for Child and Dependent Care Expenses (attach Schedule X)
48 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)
49 Total refundable tax credits from Schedule CR (attach Schedule CR)
50 Add lines 45 through 49 ..... Total Refundable Credits
51 Line 44 minus line 50. If line 51 is zero or less, see Instructions.

TOTAL ITEMIZED DEDUCTIONS
39 If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 27. Enter total here and go to line 41.
123456789



JCT164

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TAXPAYER'S 1ST NAME MI LAST NA

SPOUSE'S FIRST NAME MI LAST NA

52 Total nonrefundable tax credits (attach Schedule CR) ..... 52 123456789

53 Line 51 minus line 52 ..... Balance > 53 X 123456789

54 Hawaii State Income tax withheld (attach W-2s) (see page 33 of the Instructions for other attachments).... 54 123456789

55 2016 estimated tax payments on Forms N-1 1234567 ; N-288A 1234567 .. 55 123456789

56 Amount of estimated tax applied from 2015 return..... 56 123456789

57 Amount paid with extension..... 57 123456789

TOTAL PAYMENTS	
58	Add lines 54 through 57.
	123456789

59 If line 58 is larger than line 53, enter the amount OVERPAID (line 58 minus line 53) (see Instructions)..... 59 123456789

60 Contributions to (see page 33 of the Instructions):..... Yourself Spouse

60a Hawaii Schools Repairs and Maintenance Fund ..... X \$2 X \$2

60b Hawaii Public Libraries Fund ..... X \$2 X \$2

60c Domestic and Sexual Violence / Child Abuse and Neglect Funds ..... X \$5 X \$5

ID NO 12

61 Add the amounts of the Xs on lines 60a through 60c and enter the total here ..... 61 12

62 Line 59 minus line 61 ..... 62 123456789

63 Amount of line 62 to be applied to your 2017 ESTIMATED TAX..... 63 123456789

64a Amount to be REFUNDED TO YOU (line 62 minus line 63) If filing late, see page 34 of Instructions. Place an X here X if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 64b, 64c, or 64d.

64b Routing number 123456789 64c Type: X Checking X Savings

64d Account number 12345678901234567 ..... 64a 123456789

65 AMOUNT YOU OWE (line 53 minus line 58). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector" ..... 65 123456789

66 Estimated tax penalty. (See page 34 of Instr.) Do not include this amount in line 59 or 65. Place an X in this box if Form N-210 is attached > X... 66 123456789

67 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)..... 67 X 123456789

68 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... 68 X 123456789

DESIGNEE If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 35 of the Instructions.

Designee's name > DESIGNEE'S NAMEXXXXX Phone no. > (123) 123-4567 Identification number > 12-3456789

HAWAII ELECTION CAMPAIGN FUND Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No If joint return, does your spouse want \$3 to go to the fund? X Yes X No

Note: Placing an X in the "Yes" box will not increase your tax or reduce your refund.

DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE Your signature Date 12/12/12 Spouse's signature (if filing jointly, BOTH must sign) Date 12/12/12 Your Occupation Daytime Phone Number TAXPAYER OCCUPATIONXX (123) 123-4567 Your Spouse's Occupation Daytime Phone Number SPOUSE OCCUPATIONXX (123) 123-4567

Paid Preparer's Information Preparer's Signature Date 12/12/12 Check if self-employed X Preparer's identification number 123456789

Print Preparer's Name > PRINT PREPARER'S NAME HEREXXXXXX Federal E.I. No. > 12-3456789 Firm's name (or yours if self-employed), Address, and ZIP Code > FIRM'S NAME OR PREPARER'S NAME ADDRESS AND ZIP CODEXXXXXXXXXX Phone No. > (123) 123-4567